



KING INTELLIGENCE AND SECURITY SERVICES, INC.

APPLICATION FOR EVENT EMPLOYMENT
WWW.KINGINTELLSEC.COM

NAME _____ DOB _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE # _____ EMAIL _____

SOCIAL SECURITY # _____

D SECURITY LICENSE # _____

Expiration Date: _____

G SECURITY LICENSE# _____

Expiration Date: _____

NOTE: PAYMENT BY CHECK IN APPROXIMATELY TWO (2) WEEKS OF THE EVENT

SIGNATURE

DATE

EMAIL TO: kaola@kingintellsec.com

FAX TO: (954) 653-9160

2880 West Oakland Park Boulevard, 211
Oakland Park, FL 33311
954-530-2600